

**RENTAL VERIFICATION REQUEST** (To be completed by the landlord or Housing Authority, if subsidized.)

TO: FROM: Centralized Scanning Unit  
P.O. Box 181  
Concord, NH 03301

Tenant's name: \_\_\_\_\_

Tenant's mailing address: \_\_\_\_\_  
Street Apt# City State Zip

**We would appreciate rental information concerning this tenant.**

The information is necessary in order to determine his/her eligibility for benefits. Please complete the following information and return to the address noted above by \_\_\_\_\_. Thank you for your cooperation.

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

Name(s) of the person(s) responsible for paying the rent: \_\_\_\_\_

Rental unit's street address: \_\_\_\_\_  
Street Apt. # City State Zip

Date occupancy began: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Is the rent current? ☐ Yes ☐ No If not, what is the amount of arrearage? \$ \_\_\_\_\_

What is included in the rent? Heat: ☐ Yes ☐ No Utilities: ☐ Yes ☐ No

**COMPLETE FOR SUBSIDIZED HOUSING ONLY**

What type of subsidized housing is this? ☐ FHA 515 ☐ Housing Choice Voucher Program (formerly Section 8)  
☐ Conventional Public Housing ☐ Other Deep Subsidy (Specify) \_\_\_\_\_

What is the gross family contribution per month? \$ \_\_\_\_\_

What is the net family contribution per month? \$ \_\_\_\_\_

These amounts have been effective since: \_\_\_\_\_

Does this tenant pay excess usage fees for heating? ☐ Yes ☐ No cooling? ☐ Yes ☐ No

**COMPLETE FOR ALL OTHER TYPES OF HOUSING (NON-SUBSIDIZED)**

What type of non-subsidized housing is this? ☐ Apt., house, etc. ☐ Mobile home lot  
☐ HUD 236 (No Subsidy) ☐ Other (Specify) \_\_\_\_\_

Rent amount charged to tenant: \$ \_\_\_\_\_ This amount has been charged since: \_\_\_\_\_

How often? ☐ Weekly ☐ Twice per month ☐ Every two weeks ☐ Monthly

Signature and Title of Landlord, Manager or Housing Official

Date

Print Name of Landlord, Manager, or Housing Official

Address

Telephone

# How To Complete This Form

This form is used by the NH Department of Health & Human Services to collect rental verification information. Please complete the entire form beginning with the section titled, *PLEASE COMPLETE THE FOLLOWING INFORMATION*, and return it by the date requested in the first section. Thank you.

1. Fill in:

- the name(s) of the person(s) liable for rent;
- street address of the housing unit;
- apartment number;
- date that occupancy began;
- the number of adults occupying the rental unit;
- the number of children occupying the rental unit;
- whether the rent is current;
- the amount of arrearage if the rent is NOT current; and
- whether heat and/or utilities are included in the rent.

2. If the housing unit is ***subsidized***:

- check the appropriate box indicating the type of subsidized housing the tenant is occupying;
- indicate whether or not the tenant incurs an excess heating or cooling cost
- fill in the gross and net family contributions; and
- fill in the date that these amounts went into effect.

3. If the housing unit is ***non-subsidized***:

- check the appropriate box indicating the type of non-subsidized housing the tenant is occupying;
- fill in the amount of rent that is charged to the tenant;
- check the appropriate box indicating how often rent is due; and
- fill in the date that this amount went into effect.

4. Sign and date the form.

5. Print your name, address and telephone number.

6. Return this form to the Central Scanning Unit at the address in the first section.